



Alpharetta Recreation and Parks

1825 Old Milton Parkway

Alpharetta, GA 30004

Athletic Registration and Release Form

OFFICE USE ONLY

Receipt _____

Date Paid _____

Charge/Check # _____

Amount _____

Resident: YES _____ NO _____

Staff _____

PLEASE PRINT OR TYPE

Participants in youth athletic leagues are prohibited from registering for competing programs during the same SEASON at city facilitated or city run programs/facilities (i.e. cannot register for spring baseball at Webb Bridge Park/ARPD and at Wills Park/WPYBA – the participant must choose one or the other).

We cannot honor special requests. However, we will allow you to pick one night per week that you cannot practice.

Circle ONE: MON TUE WED THUR FRI

Program No. _____ Sport: _____ Season: _____ Spring _____ Summer _____ Winter _____ Fall _____

Participant's Name: _____ Male: _____ Female: _____

Birthdate: _____ Age: _____ Grade: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Email: _____

Mother's Bus. Phone: _____ Father's Bus. Phone: _____

Parent/Guardian or Spouse: _____

Emergency Contact Name and Phone: _____

List any allergies/medical conditions: _____

I would like to be a head coach*: _____ I would like to be an assistant coach: _____

*Head coaches receive one 50% discount, off the resident rate, for each team that they head coach.

Shirt/Jersey size (circle one) YS YM YL AS AM AL AXL AXXL
Shorts size (circle one) YS YM YL AS AM AL AXL AXXL (soccer & basketball only)
Pants size (circle one) YS YM YL AS AM AL AXL AXXL (baseball only)

MasterCard/Visa Card # _____ Exp. Date _____ / _____ / _____

I/We, the above Participant(s) and/or spouse and/or parents/guardians of the above Participant(s), do hereby consent to my/our/his/her participation in the above Program including all activities incidental to the Program. I/We assume all responsibilities for, and risk and hazards of, participation in the Program, including transportation to and from all activities in the Program. In consideration of being allowed to participate in the Program, I/We hereby release and forever discharge the City of Alpharetta, the City of Alpharetta Recreation and Parks Department, and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteers, participants and agents, from any and all claims, actions or causes of action of whatever kind and nature, including claims for property damage, bodily injury or death, arising out of, or sustained as a result of, my/our/his/her participation in the Program and all activities incidental to the Program. I/We understand that no refunds will be issued other than as stated in Number 4 of the General Mail/Fax Registration Information below.

I hereby give the City of Alpharetta ("City") permission to take photographs of me or photographs in which I may be involved with others without compensation to me. These photographs may be used by the City for promotional and information purposes in print, on the City website and in other media.

Signature: _____ Date: _____

(Participant over the age of 18/Parent/Guardian)

General Registration Policies:

1. This process DOES NOT guarantee your spot in the program for which you are registering. Once ARPD Staff receives the information, it will be processed within 48 hours.
2. Special requests will not be honored except as specified above.
3. After the form has been processed, your receipt will be mailed to you. Note: Insufficient information and/or money could void the registration process.
4. Any participant may receive a refund of their registration fee minus a \$5.00 service charge if requested by midnight two calendar days prior to the first player evaluation. Uniforms are not issued to anyone withdrawing from a youth athletic league, regardless of the withdrawal date. To request a refund, please call Administrative Office at 678-297-6100.

FAX NUMBERS

Alpharetta
Community Center
678-297-6151
Crabapple
Government Center
678-297-6161
Wills Park
Recreation Center
678-297-6131